

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101507160  
FILING DATE  
APPLICANT(S)

9/27/05

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT		
1		/				
2		/				
3		/				
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TOTAL IND.		3				
TOTAL DEP.		29				
TOTAL CLAIMS		31				

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			